						Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/693/2/9										
CLAIMS AS FILED - PART I (Column 1)			(Column 2) SMALI				OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS	30				RATE	FEE	. [RATE	FEE	ŀ
FOR	NUMBER FILE	ED NUMBI	ER EXTRA	84	ISIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIM	as 30 minus	20= 3	. 30		X\$ 9=	270°°	OR	X\$18=		
INDEPENDENT CLAIMS	4 minu	s 3 = ·		X40=		40	OR	X80=		
MULTIPLE DEPENDENT CLA	IM PRESENT	RESENT			+135≃	135	OR	.+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						A Ro	OR	TOTAL		
CLAIMS AS AMENDED - PART II					SMALL I	NTITY	or Or	OTHER SMALL		1
(Cotumn CLAIM	S	(Column 2) HIGHEST	(Column 3)	ו ר		ADDI-	•		ADDI-	1
REMAIN AFTER	3	PREVIOUSLY PAID FOR	PRESENT	H	RATE	TIONAL FEE		RÄTE	TIONAL FEE	:
Total : 300		· 20	=. (X\$ 9=		OR	· X\$18=		-
Independent •		4	-\		X40=		OR	X80=		K
FIRST PRESENTATION OF MULTIPLE DEPENDENT COLUMN								+270=		
	• • • • • • • • • • • • • • • • • • • •		. '	Ľ	+135= TOTAL		OR	TOTAL	_	₽
		(C-1 0)	(Column 3)	_	OOT. FEE		OR	ADDIT, FEE		1.
(Colum	S	(Column 2) HIGHEST	(Column 3)	ו ר	_	ADDI-	1		ADDI-	1
REMAIN AFTE	R	NUMBER PREVIOUSLY	PRESENT EXTRA	Ш	RATE	TIONAL FEE		RATE	TIONAL FEE	
Total · //	7 Minus	PAID FOR 分り	-	1	X\$ 9=	FEE	OR	X\$18=	FEE	1
Independent • 2	Minus	4	==	1 F	X40=			X80=	<u></u>	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR			1
				L	+135= TOTAL		OR	+270=		4
				AC	DOIT. FEE	L	JOR	ADDIT. FEE		┨.
(Colum CLAIA		(Column 2) HIGHEST	(Column 3	٦ ــ						4
O REMAIN	IING R	NUMBER PREVIOUSLY	PRESENT EXTRA	Ш	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL FEE	-
AMENDA Total	Minus	PAID FOR		1 -	X\$ 9=	FEE	OR	X\$18=	PEC	1
Total .	Minus	•••	8	1	X40=			X80=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR			1
+135=						OR	+270=			
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							OR	TOTAL ADDIT. FEE		4
"If the "Highest Number Previo	ously Paid For IN IMIS usly Paid For (Total or I	Independent) is U	ne highest num	ber toun	d in the ap	propriate bo	x in c	olumn 1.		

FORM PTO-875 (Rev. 8/00) Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE